

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF QUALIFICATION OF A FOREIGN LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$100 payable to SECRETARY OF STATE

Telephone #	_____
FAX #	_____

1. The name of the limited liability partnership is _____

The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name.

2. The partnership is a registered limited liability partnership organized under the laws of the state of _____

3. The street address of its chief executive office

Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

4. The South Dakota Registered Agent name _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

5. The deferred effective date of the registration if it is not to be effective upon filing of the registration _____

The registration must be signed by at least two authorized partners

Dated _____

(Signature of a partner)

(Printed Name)

Dated _____

(Signature of a partner)

(Printed Name)